

**REQUEST FOR NOMINATIONS
FOR THE 2006 MARGE ALLEN SPIRIT AWARD
AND 2006 JIM HENSON SERVICE AWARD**

The Interagency Coordinating Council of Kentucky's Early Intervention System invites you to submit nominations for their annual awards presentation to take place at the Kentucky Infant Toddler Conference August 9-11, 2006 in Fort Mitchell, Kentucky.

MARGE ALLEN SPIRIT AWARD

"Helping to promote the state wide dream of Early Intervention in Kentucky"

Nomination Criteria:

- ❖ The nominee must have made a positive impact on the lives of Kentucky's infants and toddlers with disabilities and their families.
- ❖ The nominee's experience with early intervention in Kentucky may have been: -past or current - personal, professional or parent
- ❖ The nominee must be an individual.

JIM HENSON SERVICE AWARD

"To recognize a local or regional positive impact by an individual to insure the reality of Early Intervention in Kentucky"

Nomination Criteria:

- ❖ The nominee must have made a positive impact on the lives of Kentucky's infants and toddlers with disabilities and their families.
- ❖ The nominee's experience with early intervention in Kentucky may have been: -past or current - personal, professional or parent
- ❖ The nominee must be an individual.
- ❖ ICC members and former ICC members are not eligible for the Jim Henson Service Award.

Nomination Instructions:

- ❖ Use the attached ICC Award Nomination form, and mail, email, or fax the nomination on or before July 1, 2006 to Sarah Walker. When using email to nominate, please attach the Award Nomination form as a Word® document. You may email Ms. Walker for an electronic version of the form if needed.

Sarah Walker
Cabinet for Health and Family Services/DPH/First Steps
275 East Main Street, HS2W-C
Frankfort, KY 40621
Sarahd.walker@ky.gov
Fax (502) 564-8389

For more information on the Kentucky Infant Toddler Conference, visit
<http://www.ihdi.uky.edu/infanttoddler/>

Kentucky Interagency Coordinating Council

Award Nomination

2006

_____ Marge Allen Spirit

_____ Jim Henson

Please answer the following questions regarding the person you are nominating. Be brief and concise, realizing that reviewers may not be familiar with your nominee. Use only the space allotted for each answer. Extra attachments will not be considered.

Nominee's Full Name: _____

Address: _____

_____ Zip: _____

Need at least one of the following numbers:

Phone: W (____) _____ H (____) _____

Cell phone (____) _____ Fax: (____) _____

Please check one: Nominee is a:

_____ Service Coordinator _____ Parent _____ Therapist

_____ Early Interventionist _____ Early Intervention Administrator

_____ Other: Please describe: _____

1. Describe the type and length of activities, services and/or experiences the nominee has had with children birth to three with disabilities and their families.

2. Description of how this person has made a positive impact on the lives of Kentucky's infants and toddlers with disabilities and their families and what they did to promote the dream of Early Intervention in Kentucky.

Your Name (Print clearly): _____

Signature: _____ Date: _____

How do you know the Nominee? _____

Address: _____

If the committee has a question, how is it best to contact you?

Phone: (____) _____ Fax: (____) _____